ANNEXURE – I

Rama Dental College Hospital & Research Centre

Lakhanpur, Kanpur

CONSENT FORM

I .....daughter/son/wife of.....exercising my free power of choice, hereby give my consent to be included in the study **"MOLECULAR ANALYSIS OF GLUT2, TAS1R2 GENES IN DENTAL CARIES AND THEIR CORRELATION WITH TASTE PERCEPTION IN ADULT TYPE 2 DIABETES MELLITUS PATIENTS".** I hereby give my consent for information related to me to be reported in the research study.

I understand that my name and identity will be concealed.

Once signed, I cannot revoke my consent.

(To be explained in detail in native language)

सहभति पाभम

भैं ..... /नुत्री /ऩननी/……..... स्वमं इस अध्ममन भैं बाग रेना यह ं ह ं

I भैं स्वमं भुझेसे संफंधी स चना इस अध्ममन काममम भैं प्रकाशिि कयने की सहभति देिी ह ं I भैं

सभझिी ह ं कक भेया ऩहचान गोऩनीम यखी जाएगी।

एक फाय हस्िाख्रय के ऩश्चाि भैं सहभति यद्द नह ं कय सकिी ह ं I

सहबागी

नाभ:.....

हस्िाख्रय/अगुठे का तनिान:.....

ददनाक:.....

ANNEXURE –II

ORAL HEALTH PROFORMA FOR TYPE II DIABETES

IP NUMBER

NAME;

AGE:

SEX:

ADDRESS:

TYPE OF DIABETES MELLITUS TYPEI TYPEII

DURATION OF THE DIABERES: SINCE ---------- YEARS DATE O OF DIAGNSIS ---------- MONTH

TREATMENT FOR DIABETES; INSULIN (I/M) ---------- ORAL HYPOGLYCAEMIC (TABLET) --------

BLOOD SUGAR LEVEL FASTING ; RANDOM

GLYCOSYLATED HEAMOGLOBIN LEVELS NORMAL---------- CONTROLLED ----------POORLY CONTROLLED

ANNEXURE III

Caries risk Assesment Form

Patient Name:			
Birth Date:	Ip No.		
Age:			
	Low Risk	Moderate Risk	High Risk
Contributing Conditions	Check or Circle the conditions that are applied		
1.flouride exposure (through drinking water supplements professional applications, tooth paste)			
2.sugar foods or drinks			
3.caries experience of mother, care giver, and or other siblings			
4.dental home.established of record ,receiving dental care in a dental office			
General health conditions	Check or Circle the conditions that are applied		
1.special health care needs			
2.chemo/ radiation therapy			
3.eating disorders			
4.medications that reduce salivary flow			
5.drug/alcohol abuse			
Cavitated or non cavitated arious lesions or restorations			
2.teeth missing due to caries in the past 36 months			
3.visible plaque			
4.unusual tooth morphology that compromoes oral hygiene			
5.Inter proia restorations			
6.exposed root surces			
7.Exposed root surfaces			
8.restoarations with overhang, open margins, open contacts with food impaction			
9.dental 0r orthodontic appliances			
10 severe dry mouth			

Overall assessment of dental caries risk

9.	**SIGNATURE OF CANDIDATE**	
10.	REMARKS OF THE GUIDE	
11.	**11.1 NAME & DESIGNATION OF GUIDE** **(in block letters)**	DR PUSHPA PROFESSOR & HEAD OF DEPARTMENT
	SIGNATURE	
12	**CO-GUIDE (IF ANY)**	
	SIGNATURE	
13	SIGNATURE OF PRINCIPAL	